Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **November 16-30, 2004.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

FEDERAL ASSISTA	NCE	2. DATE SUBMITTED		Applicant Identifier	
	INCE	Aug	2004		
1.TYPE OF SUBMISSION:		3. DATE RECEIVED BY STA	TE	State Application Identifier	
	reapplication	4. DATE RECEIVED BY FED	EDAL ACENON		
Construction		4. DATE RECEIVED BY FED	ERAL AGENCY	Federal Identifier	
5. APPLICANT INFORM	Non-Construction ATION			~	
Legal Name:	· · · · · · · · · · · · · · · · · · ·		Organization	al Unit:	
Address (give city, county, state Albion-Little River	e, and zip code):	0.4.4	Name and te	lephone number of person to	be contacted on matters involving
POBOX 101	LING AROUSE	ion hillory		ion (give area code)	
Albian, Mandocin	SO CA OSAIC	۱.۸۱۸۱	l —	937.4242	,3
6. EMPLOYER IDENTIFICATION		, .0101			
04			7. TYPE OF	APPLICANT: (enter appropri	ite letter in box)
7 4 - 6	0 0 0 5	20	A. State	H. Independe	nt School Dist.
8. TYPE OF APPLICATION:	/		B. County C. Municip D. Townsl	J. Private Ur	rolled Institution of Higher Learning
	New Conti	nuation Revision	E. Intersta F. Intermu	ate L. Individual	
If Revision, enter appropriate le	tter(s) in		G. Special	District N. Other (Spe	
A. Increase Award	3. Decrease Award	to mickes & Durman	4		
D. Decrease Duration (3. Decrease ARE C	JEIVED	`		
	NOV	9 9 2004	9. NAME OF	FEDERAL AGENCY:	
	NUV	2 9 2004	USD	Α	
10. CATALOG OF FEDERAL DO	MESTIC ASSORTANCE	MUVE SAMONE	1	TIVE TITLE OF APPLICANT	C DDC IFOR
	- GYATETO	ESTITIOUS L	ſ		
	1 1 0	7 6 6	New	Firehouse	Station 811
12. AREAS AFFECTED BY PRO	why taculiti	y loans			
12. AREAS AFFECTED BY PRO	JECT Cities, Counties,	States, etc.)			
Albion & Little	Kiver, Mer	alocino, CA			
13. PROPOSED PROJE		SSIONAL DISTRICTS))E:		
Start Date Ending Date	a. Applicant	st Cong. Di	b. Proj	ect 1st Cmg.	Dist.
09.01.04 12.01.05		- Cong. 111	31 .	1 7.3.	ar vigr
15.	ESTIMATED FUN	DING	16. IS A	PPLICATION SUBJECT TO DER 12372 PROCESS?	REVIEW BY STATE EXECUTIVE
a. Federal	\$ 487.00	, ,			
			a.	AVAILABLE TO THE S	ON/APPLICATION WAS MADE STATE EXECUTIVE ORDER
b. Applicant	\$			12372 PROCESS FOR	
c. State	\$				
o. otato	, 4			DATE	
d. Local	\$		100 mm	["]	
			b.	post-ren	T COVERED BY E.O. 12372
e. Other	\$			OR PROGRAM HA	IS NOT BEEN SELECTED BY
f. Program Income	\$				
The grant moderne				HE APPLICANT DELINQUEN	4.5 19
g. Total	\$ 487.06	0 (0.00	YES (Attach explanation)	NO
18. TO THE BEST OF M	Y KNOWLEDGE A	ND BELIEF, ALL DAT	A IN THIS A	APPLICATION/PREAPP	LICATION ARE TRUE AND
CORRECT, THE DOCUM APPLICANT WILL COMPI	IENT HAS BEEN	DULY AUTHORIZED I	BY THE GO	VERNING BODY OF '	THE APPLICANT AND THE
a.Type Name of Authorized Repre		b. Title			c. Telephone Number
	Ahrens	B	naul M	lamber	707.937.4242
d Signature of Authorized Repres	entative	And the second s	71 T		e. Date Signed
Dravious Edition Heat!		The state of the s		071	2 Aug 2004
Previous Edition Usable AUTHORIZED FOR LOCAL REPRO!	DUCTION				ARD FORM 424 (REV. 4-92) d by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE	=	2. DATE SUBMITTED .	7.00/	Applicant Iden	Version 7/0
1. TYPE OF SUBMISSION:		2. SATE SUBMITTED 2			
Application	Pre-application			State Applicati	
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGI	ENCY Federal Identit	ler
Non-Construction 5. APPLICANT INFORMATION	Non-Construction				
Legal Name: State of	California		Organization	UnitNorth Coas	st Redwoods District
Department of P	Parks and Re	creation	Department.p	arks and Re	creation
Organizational DUNS:14327	70697		Division: No		
Address:		-	Name and tel	ephone number of per	son to be contacted on matters
Street PO Box 2006, Eureka, CA 9	, 3431 Fort	Avenue	Involving this	application (give are:	a code)
	15502-2006		Mr.	First Name: P	atrick
Lureka			Middle Name	Robison	
County Humboldt	-		Last Name V	aughan	
State: California	Zip Code 95502-	2:006	Suffix:		
Country: USA		20 0	Email: pva	ug@parks.ca	
6. EMPLOYER IDENTIFICATIO	NUMBER (FIN): P	ETVEIN	Phone Numbe	r (give area code)	Fax Number (give area code)
] [[] []		(707)4	45-6547,x24	(707)441-5737 of form for Application Types)
B. TYPE OF APPLICATION:	1105		7. TYPE OF A	PPLICANT: (See back	of form for Application Types)
Nevision, enter appropriate lett (See back of form for description	ter(s) in box(bs)		Other (specify)	A. State	
Other (specify)	CTATE CI	FARING HOUSE	9 NAME OF F	EDERAL AGENCY:No	ational Oceanic and
10. CATALOG OF FEDERAL D	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The state of the s		F 76 WMIITITA FF	ANT'S PROJECT GEOMOT PHI
TITLE (Name of Program): Coa			Applicat	ion to Recover	IS Mapping with ry of Snowy Plover ch and Dune Dynamics
12. AREAS AFFECTED BY PRODEL Norte, Humboldt,	OJECT (Cities, Counties, Mendocino col	; States, etc.): r ties,		ornia State Pa	arks, Northwestern
California 13. PROPOSED PROJECT			14. CONGRES	SIONAL DIŞTRICTS C	DF:
Start Date: 4/1/05	Ending Date:	CC	a. Applicant		b. Project
15. ESTIMATED FUNDING:	12/31/	<u> </u>	15. IS APPLIC	ATION SUBJECT TO I	REVIEW BY STATE EXECUTIVE
<u> </u>	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		ABBER 4447A	DOCATORS	
a Federal	94,		, , ,	/ 11 LJ 1 LL L	APPLICATION WAS MADE TE EXECUTIVE ORDER 12372
b Applicant 5	63,3	C97		OCESS FOR REVIEW	ON
c State S		4	DA	TE 9/24/04	
d. Local \$			b No. ITT PR	OGRAM IS NOT COVE	ERED BY E. O. 12372
e. Other \$			☐ OF		BEEN SELECTED BY STATE
(. Program Income		 	17. IS THE AP	R REVIEW PLICANT DELINQUEN	T ON ANY FEDERAL DEBT?
g TOTAL \$	157	,149	☐ Yes I/ 'Yes'	' allach an explanation.	⊠ No
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY A ATTACHED ASSURANCES IF T	WLEDGE AND BELIEF AUTHORIZED BY THE THE ASSISTANCE IS A	, ALL DATA IN THIS APPL	ICATION/PRE	APPLICATION ARE T	RUE AND CORRECT. THE
a Authorized Representative Prefix	First Name		-	Middle Name	
Prefix Mr.	First Name Steve				
Last Name Horvitz				Suffix	
Superintende				c. Telephone Number ((707) 445-654	pive area code)
d Signature of Admortized Repre					*/ A.L
a signature of All June 1	sentative	'a		e Date Signed	3-2004



Kings County Association of Governments

Kings County Government Center ❖ 1400 W. Lacey Boulevard ❖ Hanford, California 93230 ☎ (559) 582-3211 extension 2670 FAX (559) 584-8989

www.countyofkings.com/kcag

Member Agencies: Cities of Avenal, Corcoran, Hanford and Lemoore, County of Kings

October 28, 2004

Barbara McCurdy Marty, Economic Development Manager City of Hanford Community Development Department 319 N. Douty Street Hanford, CA 93230



Re: Areawide Planning Review #04-09

Community Development Block Grant Program

Dear Barbara:

The Kings County Association of Governments (KCAG) has reviewed your proposal for federal funding assistance from the Department of Housing & Urban Development. In accordance with Office of Management and Budget Executive Order 12372, KCAG, as the areawide planning organization and clearinghouse, has coordinated local review of your proposal.

The following agencies commented that the project does not duplicate or conflict with any of their programs: City of Hanford – Public works, City of Hanford – Planning.

The Kings County Association of Governments (KCAG) staff comments that the project does not unnecessarily conflict with any County programs, is timely, and should be undertaken now. The Kings County Association of Governments Commission's comments include and ratify those of its staff and other reviewers regarding Areawide Planning Review #04-09.

Thank you for the opportunity to review and comment on your project. We would appreciate being notified by your funding agency if the application is successful. Please feel free to contact me if you have any questions at (559) 582-3211 ext. 2676.

Sincerely,

CC:

KINGS COUNTY ASSOCIATION OF GOVERNMENTS

William R. Zumwalt, Executive Director

Inday On Hein

Melody N. Haigh, Planner

Sheila Brown, State Clearinghouse, Office of Planning & Research



Kings County Association of Governments

Kings County Government Center ❖ 1400 W. Lacey Boulevard ❖ Hanford, California 93230 ☎ (559) 582-3211 extension 2670 FAX (559) 584-8989

www.countyofkings.com/kcag

Member Agencies: Cities of Avenal, Corcoran, Hanford and Lemoore, County of Kings

October 28, 2004

Margaret Crawford, Head Start Director Kings Community Action Organization 1222 W. Lacey Boulevard, Suite 201 Hanford, CA 93230-5901



Re: Areawide Planning Review #04-08

Region IX Preschool and Early Head Start Program's Training & Technical Assistance

Application for FY 2004/2005

Dear Margaret:

The Kings County Association of Governments (KCAG) has reviewed your proposal for federal funding assistance from the Department of Health & Human Services. In accordance with Office of Management and Budget Executive Order 12372, KCAG, as the areawide planning organization and clearinghouse, has coordinated local review of your proposal.

The following agencies commented that the project does not duplicate or conflict with any of their programs: City of Hanford - Planning, Kings Partnership for Children, and Kings County Health Department – EHS.

The Kings County Association of Governments (KCAG) staff comments that the project does not unnecessarily conflict with any County programs, is timely, and should be undertaken now. The Kings County Association of Governments Commission's comments include and ratify those of its staff and other reviewers regarding Areawide Planning Review #04-08.

Thank you for the opportunity to review and comment on your project. We would appreciate being notified by your funding agency if the application is successful. Please feel free to contact me if you have any questions at (559) 582-3211 ext. 2676.

Sincerely,

CC:

KINGS COUNTY ASSOCIATION OF GOVERNMENTS William R. Zumwalt, Executive Director

Melody N. Haigh, Planner

Melady

Sheila Brown, State Clearinghouse, Office of Planning & Research



Kings County Association of Governments

Kings County Government Center * 1400 W. Lacey Boulevard * Hanford, California 93230 (559) 582-3211 extension 2670 FAX (559) 584-8989

www.countyofkings.com/kcag

Member Agencies: Cities of Avenal, Corcoran, Hanford and Lemoore, County of Kings

October 29, 2004

Margaret Crawford, Head Start Director Kings Community Action Organization 1222 W. Lacey Boulevard, Suite 201 Hanford, CA 93230-5901



Re: Areawide Planning Review #04-07

Migrant and Seasonal Head Start Application for FY 2004/2005

Dear Margaret:

The Kings County Association of Governments (KCAG) has reviewed your proposal for federal funding assistance from the Department of Health & Human Services. In accordance with Office of Management and Budget Executive Order 12372, KCAG, as the areawide planning organization and clearinghouse, has coordinated local review of your proposal.

The following agencies commented that the project does not duplicate or conflict with any of their programs: City of Hanford - Planning, Kings Partnership for Children, Kings County Public Works, and Kings County Health Department – EHS.

The Kings County Association of Governments (KCAG) staff comments that the project does not unnecessarily conflict with any County programs, is timely, and should be undertaken now. The Kings County Association of Governments Commission's comments include and ratify those of its staff and other reviewers regarding Areawide Planning Review #04-07.

Thank you for the opportunity to review and comment on your project. We would appreciate being notified by your funding agency if the application is successful. Please feel free to contact me if you have any questions at (559) 582-3211 ext. 2676.

Sincerely,

CC:

KINGS COUNTY ASSOCIATION OF GOVERNMENTS

William R. Zumwalt, Executive Director

Melody N. Haigh, Planner

Sheila Brown, State Clearinghouse, Office of Planning & Research

APPLICATION FOR					Version 7/03
FEDERAL ASSISTANCE		2. DATE SUBMITTED	2/1/04	Applicant Idea	ntifier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Applica	tion Identifier
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Ident	itier
Non-Construction	Non-Construction				
5. APPLICANT INFORMATION			Organizational Uni	t:	
Legal Name: CWPA CALIFORNIA WET	FISH PROD	JOEER ASSOC.	Department:	<u>"</u>	
			Division:		
Address:	4928874		Name and telephor	ne number of po	erson to be contacted on matters
Street:	11===	\	involving this appl	Finet Name:	
P.O. BOX 1951	(1570 W. Hu	W 246)	Prefix: MRS.	First Ivalie.	DIVINE
City: BUELLTON			Middle Name Last Name		
County: Shuth Bles	BLEL		<u> </u>	ESCHNE	e-Steele
State:	Zip Code 9342	7-1951	Suffix:		1. 1.26 18.55
Country: U.S. &	DE	SEN/ED			urthlink.net
6. EMPLOYER IDENTIFICATIO	N NUMBER (EM:	JEIVLU	Phone Number (give	•	Fax Number (give area code)
56-23861130	3 1 101	/ 2 9 2004	(805) 693-		(805) 686-9312
8. TYPE OF APPLICATION:	NU		1		ck of form for Application Types)
If Revision, enter appropriate lett	OTA-(99) kod ni (2) 161	n Revision		-for Pr	LOFIT
(See back of form for description	of letters.)	ELAMINA MODEL	Other (specify)		
Other (specify)		. - ,	9. NAME OF FEDE	RAL AGENCY:	n Service
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANC	CE NUMBER:	11. DESCRIPTIVE	TITLE OF APPL	ICANT'S PROJECT:
·			Market	Squid +1	ndustry-Agency search and
TITLE (Name of Program):			Coopera	tive Me	search and
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties	s, States, etc.):	Biologia	cal elbs	ervations
13. PROPOSED PROJECT			14. CONGRESSIO	NAL DISTRICTS	OF:
Start Date: 5/1/05	Ending Date: 4/	30/08	a. Applicant 2	4	b. Project CA State wide
15. ESTIMATED FUNDING:		20, -0			DREVIEW BY STATE EXECUTIVE
a. Federal \$	103		ORDER 12372 PRO	REAPPLICATIO	N/APPLICATION WAS MADE
	193	,550	JAVAIU	IBLE TO THE ST SS FOR REVIE	(MIC CALCOTTICE CALCALITY
b. Applicant \$. 00	DATE:	12/1/0	
c. State \$			-	=	VERED BY E. O. 12372
d. Local \$		•	D. NO. 11 1		
e, Other \$		005	FOR R	EVIEW	OT BEEN SELECTED BY STATE
f. Program Income \$.00	17. IS THE APPLIC	ANT DELINQU	ENT ON ANY FEDERAL DEBT?
g. TOTAL \$	19:	3,550	Yes If "Yes" atta		
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	OWLEDGE AND BELIEF AUTHORIZED BY THE	F, ALL DATA IN THIS APP GOVERNING BODY OF	PLICATION/PREAPP THE APPLICANT AN	LICATION ARE ID THE APPLIC	TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE
a. Authorized Representative			Maid	lle Name 🙃	
Prefix MRS.	First Name DIAL	Æ		75 ,	
Last Name PLESCHI	HER- STEE	:LE	Suff	·	
b. Title EUECUT	TVE DIREC	TOR		elephone Number	or (give area code) (093 - 5430
d. Signature of Authorized Repr	esentative	es-Stacli) e. D	ate Signed	1/04/2004
	v les la reco	a cotoa			Standard Form 424 (Pay 9-2003)

Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

APPLICATION FOR 2.		2. DATE SUBMITTED		Applicant Identifier		
FEDERAL ASSIST		November 24, 2004				
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVE	D BY STATE		State App	lication Identifier
X Construction ☐ Non-Construction	☐ Construction☐ Non-Construction	4. DATE RECEIVE	D BY FEDER	CAL AGENCY	Federal Id	lentifier
5. APPLICANT INFORMAT Legal Name:	ION		Orrenia	ational Unit:		
City of Aliso Viejo			Departm	ient:		
Organizational DUNS:			Public V Division	Vorks and Engineeri	ng	
031628279			Not Apr		·	
Address: 12 Journey, Suite 100 Street:	RECE	IVED		nd telephone number ion (give area co <u>de)</u>	r of person t	o be contacted on matters involving this First Name:
Aliso Viejo	NOV 2	4 2004	Mr.		×*	John
City: Orange	STATE CLEA	RING HOUSE	Middle			
County: California		Medical Control of the Management of the Management of the Control	Last Nai Whitma	72.77		
State:	Zip Code: 92656-5335		Suffix:			
U.S.A. Country:	92030-3333		Email:			e oddonouri e e e e e e e e e e e e e e e e e e e
6. EMPLOYER IDENTIFICA	TION NUMBER (FIN):		jwhitma Phone N	n@eityofalisovie <u>jo.c</u> lumber (give area eo	de)	Fax Number (give area code)
33-097-1162	TOWN TOWN DEAC (DITTY)					\ <u>\</u>
8. TYPE OF APPLICATION:				(949) 425-2531 (949) 425-3899 7. TYPE OF APPLICANT: (See back of form for Application Types)		
X New	etter(s) in box(cs)		C - Municipal			
Other (specify)			Other (specify)			
			,	E OF FEDERAL AC		A
10 CATALOG OF FEDERAL	DOMESTIC ASSISTAN	ICE NUMBER:	11. DES	h and Wildlife Scryi SCRIPTIVE TITLE	of Applic	CANT'S PROJECT:
			Wood C	anyon Emergent We	tlund Projec	pt.
623						
TITLE (Name of Program):						
No. America Wetlands Conscr	vation Fund					
12. AREAS AFFECTED BY Orange County, California	PROJECT (Cities, Count	ies, States, etc):				
13. PROPOSED PROJECT				IGRESSIONAL DIS	TRICTS O	
Start Date:	Ending Date:		a. Applie	cant	į,	b. Project 48
15. ESTIMATED FUNDING:			ORDER	12372 PROCESS?		EVIEW BY STATE EXECUTIVE
	0,000 58,000	-				PPLICATION WAS MADE ITIVE ORDER 12372 PROCESS FOR
c. State \$0	20,000		REVIEV	V ON		
d. Local \$0				11/16/04 X BBOGBAM IS N	IOT COVE	RED BY E. O. 12372
c. Other \$ 0	1 · · · · · · · · · · · · · · · · · · ·		OR I	PROGRAM HAS N V	OT BEEN S	SELECTED BY STATE FOR
f. Program Income \$ 5. Cottal \$ 2.	08,000			HE APPLICANT DI IC"Yes" auach an ex		T ON ANY FEDERAL DÉBT? X No
18. TO THE BEST OF MY K	NOWLEDGE AND BEL ILY AUTHORIZED BY	THE GOVERNING BO	HIS APPLIC	ATION/PREAPPLE	CATION A	RE TRUE AND CORRECT. THE LICANT WILL COMPLY WITH THE
a. Authorized Representative Prefix Firs	t Name			Middle Name		
Mr. John				Suffix	,	
Whitman b. Title			-	e. Telephone Num	ıber (give m	rea code)
Public Works Director/City En				(949) 425-2531		
d. Signature of Authorized Rep	orcsentative			e. Date Signed 11/24/04		



U.S. Department of Transportation

Federal Transit Administration

STATE CLEARING HOUSE

Application for Federal Assistance

Recipient ID:	1666	
Recipient Name:	CITY OF TORRANCE	
Project ID:	CA-90-Y318	
Budget Number:	1 - Budget Pending Approval	A COLUMN TO THE PARTY OF THE PA
Project Information:	FY 2005 Capital Assistance	

Part 1: Recipient Information

Project Number:	CA-90-Y318	
Recipient ID:	1666	
Recipient Name:	CITY OF TORRANCE	
Address:	Transit Department 20500 Madrona Avenue,	TORRANCE, CA 90503 3692
Telephone:	(310) 618-6266	1 10 n
Facsimile:	(310) 618-6229	

Union Information

Recipient ID:	1666
Union Name:	AFSCME LOCAL 1117
Address 1:	AFSCME Local 1117
Address 2:	1618 Gramercy Avenue
T	
City:	Torrance, CA 90501 0000
City: Contact Name:	Torrance, CA 90501 0000 Union President

Part 2: Project Information

Project Type:	Grant	Gross Proje
Project Number:	CA-90-Y318	Cost:
Project Description:	FY 2005 Capital Assistance	Adjustment
		Total Eligible
	l l	

Gross Project Cost:	\$3,432,500
Adjustment Amt:	\$0
Total Eligible Cost:	\$3,432,500

i	•
Recipient Type:	City
FTA Project Mgr:	Ray Tellis / Jack Ottomanelli
Recipient Contact:	Jim Mills / Jasmin Manipud
New/Amendment:	None Specified
Amend Reason:	Initial Application
Fed Dom Asst. #:	20507
Sec. of Statute:	5307
State Appl. ID:	None Specified
Start/End Date:	Oct. 01, 2004 - Jun. 30, 2006
Recvd. By State:	
EO 12372 Rev:	YES
Review Date:	None Specified
Planning Grant?:	NO
Program Date (STIP/UPWP/FTA Prm Plan) :	Oct. 04, 2004
Program Page:	None Specified
Application Type:	Electronic
And the second of the second o	A CONTRACT OF THE SECOND SECON
Supp. Agreement?:	Yes
Debt. Deling. Details:	

Total FTA Amt:	\$2,766,000
TOTAL FTA AITH.	\$2,700,000
Total State Amt:	\$0
Total Local Amt:	\$666,500
Other Federal Amt:	\$0
Special Cond Amt:	\$0
Special Condition:	None Specified
S.C. Tgt. Date:	None Specified
S.C. Eff. Date:	None Specified
Est. Oblig Date:	None Specified
Pre-Award Authority?:	Yes
Fed. Debt Authority?:	No
Final Budget?:	No

Urbanized Areas

UZA ID	UZA Name
60020	LOS ANGELESLONG BEACHSANTA ANA, CA

Congressional Districts

State ID	District Code	District Official				
6	36	Jane Harman				
6	37	Juanita Millender-McDon				

Project Details

DOL Checklist

1. Who is receiving the funds? The applicant, (i.e. recipient) and subrecipient(s) of funds must be clearly identified.

The City of Torrance (Recipient #1666) is receiving all funds in the grant.

APPLICATION FOR				T	Version 7/03			
FEDERAL ASSISTANCI	E	2. DATE SUBMITT	ED	Applicant Iden	ntifier			
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVE						
Construction	☐ Construction	4. DATE RECEIVE	D BY FEDERAL AGENCY	Federal Identi	fier			
Non-Construction	Non-Construction							
5. APPLICANT INFORMATION Legal Name:	V		Organizational Unit:					
San Jose State University	RECE	IVED	Department: Moss Landing Marine	e Laboratories				
Organizational DUNS:	HEUL		Division:	Laboratorico				
05-0520840	NOV 2	2 2004	Name and telephone	e number of ne	rson to be contacted on matters			
Address: Street:	NUV 2	2007		g this application (give area code)				
One Washington Square	STATE CLEAR	ING HOUSE	Prefix: Dr.					
City:	STATE OFFI		Middle Name	Middle Name				
San Jose County:			Last Name	Kevin Last Name				
Santa Clara	T=: 0 :		Burton					
State: California	Zip Code 95192		Suffix:					
Country: U.S.A.			Email: rburton@mlml.calsta	ite.edu				
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):		Phone Number (give a	area code)	Fax Number (give area code)			
77-0414438	3		(831) 771-4428		(831) 632-4403			
8. TYPE OF APPLICATION:			7. TYPE OF APPLIC	ANT: (See bac	k of form for Application Types)			
Ne		n 🔲 Revision	I - State Controlled Ir	nstitution of High	ner Learning			
If Revision, enter appropriate le (See back of form for descriptio	tter(s) in box(es) n of letters.)		Other (specify)					
•			O NAME OF SEPTE	AL ACENCY.				
Other (specify)				9. NAME OF FEDERAL AGENCY: Environmental Protection Agency				
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANCE	E NUMBER:	11. DESCRIPTIVE T	ITLE OF APPL	ICANT'S PROJECT:			
		6 6 4 6	1 1	egional Monitori	ng Program for Central California			
TITLE (Name of Program): Wetland Program Grants			Wetlands					
12. AREAS AFFECTED BY PI	ROJECT (Cities, Counties	s, States, etc.):						
San Mateo, Santa Cruz, San E	Benito, Monterey, San Lui	obispo Counties						
13. PROPOSED PROJECT			14. CONGRESSION	AL DISTRICTS				
Start Date: 10/1/04	Ending Date: 9/30/06		a. Applicant		b. Project 14, 17, 23			
15. ESTIMATED FUNDING:	3/30/00				REVIEW BY STATE EXECUTIVE			
a Fodoral	2		ORDER 12372 PROC	CESS? REAPPLICATION	N/APPLICATION WAS MADE			
a. Federal		140,000	a. Yes. 📂 AVAILAE	BLE TO THE ST	ATE EXECUTIVE ORDER 12372			
b. Applicant	5	17,000	PROCES	SS FOR REVIE	WON			
c. State	\$	15,000	DATE: 1	11/12/04				
d. Local	\$		b. No. 🗍 PROGR	AM IS NOT CO	VERED BY E. O. 12372			
e. Other	\$	45.000	OR PRO		OT BEEN SELECTED BY STATE			
f. Program Income	\$	15,000	17. IS THE APPLICATION	VIEW ANT DELINQUE	ENT ON ANY FEDERAL DEBT?			
g. TOTAL	· \$	00	——————————————————————————————————————		72) N			
	Ψ	187,000	Yes If "Yes" attac	•				
18. TO THE BEST OF MY KN DOCUMENT HAS BEEN DUL' ATTACHED ASSURANCES IF	Y AUTHORIZED BY THE	GOVERNING BOD	Y OF THE APPLICANT ANI	D THE APPLICA	ANT WILL COMPLY WITH THE			
a. Authorized Representative			[L : . k]	o Nomo				
Prefix First Name Pamela			C.					
Last Name Stacks		Suffix	Suffix					
b. Title Interim AVP Graduate Studies		200/	(408)	ephone Number 924-2427	r (give area code)			
d. Signature of Authorized Rep	resentative	()ta	e. Da	te Signed	117/04			

APPLICATION FOR FEDERAL ASSISTANCE 2. DATE SUBN			2. DATE SUBMIT	Applicant I			·····	
1. TYPE OF SUBN	MISSION:	ANCE	November 18, 200	4				
Application	11331ON.	Pre-application	3. DATE RECEIV	ED BY STATE	G. C.			
		, re-application	1		State	State Application Identifier		
X Construction Non-Construction		Construction	4. DATE RECEIV	ED BY FEDERAL AGEN				
5. APPLICANT IN	ii Cara da a mara	Non-Construction	- CLE RECEIV	ED BY FEDERAL AGEN	ICY Feder	ul Identificr	C Talenti	
Legal Name:	PORMATI	ON						
1				Organizational Unit				
City of Aliso Vicjo				Department:				
0								7
Organizational DUN	S:			Public Works and E	ngineering			ŀ
031628279				Division:				
Address:				Not Applicable				- 1
12 Journey, Suite 10	0		7	Name and telephone	number of perso		on matters involving t	
Street:					a code)	n to be contacted	on matters involving t	his
A 15-1-311-1				Prefix:		First Name:		
Aliso Viejo City:				Mr.	N/ 4/2 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1
Orange				Middle Name:		John	10 April 10	į
County:						1.5	:	-
California				Last Name;				
State:	7	Zip Code:		Whitman				7
U.S.A.		9265G-S335		Suffix:	p c			_
Country;				Dr. (11)	a the profit	2 B		
6 EMDI OVED ID	DIDYO .	<u> </u>	<u> </u>	Email:				
6. EMPLOYER IDEN	HTACATIC	N NUMBER (EIN):		Phone Number (give a	Viejo.com			
33-097-1162				" Tradings (RIAG 8	uva code)	Fax Number (give area code)	\neg
								1
8. TYPE OF APPLICA	ATION:			(949) 425-2531		(949) 425-3899	5	1
X New Continu	ation 🔲	Revision		7. TYPE OF APPLIC	ANT: (See back	of form for Applie	cation Types)	_
If Revision, enter appro	priate letter	(a) in box(es)		C - Municipal		:	and Types)	
(See back of form for d	escription o	f letters.)		C - withingipar				1
Other (specify)			•					
		410		Other (specify)				
9				A			•	1
No. of the second second				9. NAME OF FEDERA	L AGENCY:			
IO CATALOG OF CER	CD			U.S. Fish and Wildlife				
10 CATALOG OF PED	ERAL DO	MESTIC ASSISTANCE	NUMBER:	11. DESCRIPTIVE TIT	CETVICE			1
							T:	7
623				Wood Canyon Emergen	t Wetland Project			
TITLE (Name of Program	w).		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	RECEIVE				
1	•						IILUE	IVED
No. America Wetlands C	onservation	Fund		*			1	
12. AREAS AFFECTED	BYPROT	ECT (Cities, Counties, St	oles orol:	NOV 1 8				3 2nn₄
Land County, Camerin	15		m.u., u.u.j.				1	2007
13. PROPOSED PROJECT Start Date:	CT			14. CONGRESSIONAL	Diemo		STATE]
Sier Date:		Ending Date:		a. Applicant			STATE CLEARIN	NG HOUSE
15. ESTIMATED FUNDI	NG				1	b. Project		
	- 1 141		$\sqrt{}$	16. IS APPLICATION ST ORDER 12372 PROCES	UNICTTOPE	VIEW BY STATE	E EVIII	
a. Federal	\$ 50,000			ORDER 12372 PROCES	S?	THE W DISINI	EBXECUTIVE	
b. Applicant	\$ 115,000	a to the		a. Yes X THIS PREAPE	OLICATIONUAD	PLICATION WA	SMADE	
c. State	\$ 43,000			AVAILABLE TO THE ST	TATE EXECUT	TVE ORDER 123	72 PROCESS FOR	
	\$ 0			DATE: 11/16/04				
e. Other	\$0	9		b. No X PROGRAMA	NOTOO	'n n		
			- i	b. No X PROGRAM IS ☐ OR PROGRAM HAS REVIEW	NOT DEEM OF	U BY E, O. 1237	2	
f. Program Income	\$	7.5 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.						
e. TOTAL	\$ 208,000			17. IS THE APPLICANT	DELINOUENT	ON ANY FEDER	A! DEPTH	
A TO THE BEET OF ME	C EZA 140 TETT	EDGE AND BELIEF A	IT DATA INITED	Yes If "Yes" attach an	explunation,	X No	7 T D C G I /	
18. TO THE BEST OF MY DOCUMENT HAS BEEN ATTACHED ASSURANCE	DULY AU	THORIZED BY THE GO	OVERNING BODY	OF THE ADDITIONATION	LICATION ARE	TRUE AND CO	RRECT. THE	
DOCUMENT HAS BEEN ATTACHED ASSURANC a. Authorized Representative		ASSISTANCE IS AWA	RDED.	OF THE APPLICANT A	ND THE APPLIC	CANT WILL CO	MPLY WITH THE	
The state of the s	· .		<u>, , , , , , , , , , , , , , , , , , , </u>			*		
1.	First Name ohn			Middle Name				
Last Name	om)			1441/16				
hitman			Suffix					
b. Title	l'itle						7	
Public Works Director/City	Die Works Director/City Engineer				c. Telephone Number (give area code)			
d. Signature of Authorized R	cpresentati	ve		<u> </u>				
al-th-				c. Date Signed				
J ,				(1/10/04				
				1				

APPLICATION FOR				OMB Approval No. 0348-0043			
FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Identifier			
YPE OF SUBMISSION:		3. DATE RECEIVED BY STATE		State Application Identifier			
Application Construction	Preapplication Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier			
Non-Construction	Non-Construction						
5. APPLICANT INFORMATION							
Legal Name:	many year from	CLEARING HU	Organizational Unit:	1.00			
City of Huntington Pa		UH UNIGVI IJ	Gommunity Development Department Name and telephone number of person to be contacted on matters involved.				
6550 Miles Avenue Huntington Park, CA Los Angeles County		NOV 1 8 200	this application (give a Keith-Garswell.	rea code)			
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):			ANT: (enter appropriate letter in box)			
9 5 6000	7 2 4		1-100	III Indonesia Cabani Din			
8. TYPE OF APPLICATION:		3 A 1 3 0		H. Independent School Dist. I. State Controlled Institution of Higher Learning			
	- Alexander	Revision	C. Municipal	J. Private University			
∭ Ner	w Continuation	Revision	D. Township	K. Indian Tribe			
If Rovision, enter appropriate let	ter(s) in box(es)		E. Interstate	L. Individual			
· .		· • · ·	F. Intermunicipal M. Profit Organization				
	crease Award C. Increase	e Duration	G. Special District	N. Other (Specify)			
D. Decrease Duration Other	(specify):		9. NAME OF FEDERA	AL AGENCY:			
			U.S. Departmen	nt of Commerce			
			Economic Development Administration				
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE N	UMBER:	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:				
io, on the death of the second			Assist with the cost of off-site public works				
	!	<u></u>	improvements being done in conjunction with a new				
TITLE: Public Wo	rks Improvements	- A A - 1	83-acre retail project.				
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties, St	ires, etc.):	oo aoro rotalii pr	5,551.			
City of Huntington Pa	ark						
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	STRICTS OF:					
Start Date Ending Date	a. Applicant		b. Project 33rd				
15. ESTIMATED FUNDING:	33rd			SUBJECT TO REVIEW BY STATE EXECUTIVE			
15. ESTIMATED FUNDING.			ORDER 12372 PF				
a. Federal	\$	2 000 000 		A DOLLO A TIONIA DEL IGATIONI WAS MADE			
		2,000,000		APPLICATION/APPLICATION WAS MADE E TO THE STATE EXECUTIVE ORDER 12372			
b. Applicant	\$	2,035,000	1	FOR REVIEW ON:			
c. State	\$.00	DATE				
d. Local	\$.∞	1				
				AM IS NOT COVERED BY E. O. 12372			
e. Other S		.00	OR PRO	GRAM HAS NOT BEEN SELECTED BY STATE VIEW			
f. Program Income \$.00	17. IS THE APPLICA	NT DELINQUENT ON ANY FEDERAL DEBT?			
4,035,000			Yes If "Yes," attach an explanation.				
DOCUMENT HAS BEEN DULY	AUTHORIZED BY THE GO	OVERNING BODY OF TH	CATION/PREAPPLICATION FROM THE APPLICANT AND T	TION ARE TRUE AND CORRECT, THE HE APPLICANT WILL COMPLY WITH THE			
ATTACHED ASSURANCES IF	THE ASSISTANCE IS AWA	ARDED.					
a. Type Name of Authorized Representative b. Title		b. Title		c. Telephone Number			
Gregory D. Kordunner		City Manager		323-582-6161 e. Date Signed //			
d. Signature of Authorized Representative				9/25/03			
Previous Edition Usable				Standard Form 424 (Rev. 7-97)			
orized for Local Reproducti	on			Prescribed by OMB Circular A-102			

APPLICATION FOR	_			TA 1: 441	Version 7/03			
FEDERAL ASSISTANCE		2. DATE SUBMITTED	11-1-04	Applicant Identifier				
1. TYPE OF SUBMISSION:	D	3. DATE RECEIVED I	BY STATE	State Application Identifier				
Application	Pre-application	4. DATE RECEIVED I	BY FEDERAL AGENCY	Federal Identi	ifier			
Construction	Construction							
Non-Construction 5. APPLICANT INFORMATION	Non-Construction							
Legal Name:			Organizational Unit					
LUCERNE VISTA	a Moral Li	PATER CO.	Department:					
Organizational DUNS:	10736567		Division:					
Address:					erson to be contacted on matters			
Street:			involving this application (give area code)					
10,000 CALLE	DE PAZ			Prefix: First Name: MICHAEL				
City: LUCERNE VA	ALLEY, CA.			3SE6H				
County: SAN BERN	JAROINO		Last Name W	0ZNIA	Y_			
State: CALIFORNIA	Zip Code 9235	6-	Suffix:					
Country: 1 C	1 (6-20		Email: 1. \D = -	701 0 6	0.00			
6. EMPLOYER IDENTIFICATION	N NUMBER (EIMI):		Phone Number (give a		₩ SISP NET Fax Number (give area code)			
					1			
95-6029201 8. TYPE OF APPLICATION:			760 953 55		760 248 2451 k of form for Application Types)			
Nev	v	n Revision	7. THE OF AFTER	Air. (occ buo	it of form for Application (Application)			
If Revision, enter appropriate lett (See back of form for description	er(s) in box(es)	II I Revision	Other (specify)		, , , , , , , , , , , , , , , , , , ,			
Other (specify)	Li		9. NAME OF FEDER	AL AGENCY:	, a			
Other (specify)			USDA RU	MAL DE	VEIDPMENT CANT'S PROJECT:			
10. CATALOG OF FEDERAL D	DOMESTIC ASSISTANC	E NUMBER:						
	10-760				REPLALEMENT			
TITLE (Name of Program):	E DISPOSAL LO	DAN AND GRAN	PRUJECT.					
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties	, States, etc.):						
SAN BERLNARDIN	o Cousty							
13. PROPOSED PROJECT			14. CONGRESSION	AL DISTRICTS	·			
Start Date: MAY - JUNE 2005	Ending Date:	12-31-05	a. Applicant 4	1	b. Project 4 /			
15. ESTIMATED FUNDING:	, , , , , , , , , , , , , , , , , , , ,				REVIEW BY STATE EXECUTIVE			
a. Federal \$	629,000	,00	THIS PRI	EAPPLICATION	I/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372			
b. Applicant \$	621,000	 90		S FOR REVIEV				
c. State \$	BE C	VED ↓	DATE:	11-1-04				
d. Local \$	Book Sale (Sale)	2004	b. No. IT PROGRA	M IS NOT COV	ERED BY E. O. 12372			
e. Other \$	NOV 1 6		OR PRO		T BEEN SELECTED BY STATE			
f. Program Income \$	STATE CLEAR	NG HOUSE	17. IS THE APPLICA	NT DELINQUEI	NT ON ANY FEDERAL DEBT?			
g. TOTAL \$	629 000	00	☐ Yes If "Yes" attach	n an explanation	. M No			
18. TO THE BEST OF MY KNODOCUMENT HAS BEEN DULY	WLEDGE AND BELIEF, AUTHORIZED BY THE	ALL DATA IN THIS AF	PPLICATION/PREAPPLIF THE APPLICANT AND	CATION ARE T THE APPLICA	RUE AND CORRECT. THE NT WILL COMPLY WITH THE			
ATTACHED ASSURANCES IF T a. Authorized Representative	HE ASSISTANCE IS AT	WARDED.						
Prefix	AEL	Middle	Name To	SEPH				
Last Name WOZNI	1	Suffix						
b. Title PRESIDEA	2/	c. Telephone Number (give area code) フ(ら) マミュ ラニンフ						
d. Signature of Authorized Repres			Signed //-	1-04				
Previous Edition Usable Authorized for Local Reproduction		/			Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102			

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APPLICATION FOR		2. DATE SUBMITTED		Applicant Identifier					
FEDERAL ASSISTANCE		November 16, 2004							
1. TYPE OF SUBMISSI Application		plication	3. DATE RECEIVED BY STA		TE	State Application Identifier			
X Construction			4. DATE RECEIVED BY FEDERAL AGENCY		ERAL AGENCY	Federal Identifier			
5. APPLICANT INFOR Legal Name:	MATION	-							
City of Aliso Viejo					Organizational Unit: Department:				
Organizational DUNS:				Public	Works and Engineering	E.			
031628279		RECE	EIVED		Division: Not Applicable				
Address: 12 Journey, Suite 100			Name and telephone n			of person	to be contacted on matters involving this		
Street:			Prefix;			First Name:			
Aliso Viejo City:		STATE CLE	ARING HOUSE Mr.				John		
Orange County:				Middl Lust N	e Name:				
California				White					
State; U.S.A.		Zip Code: 92656-5335		Suffix					
Country:				Email:	an@cityofalisoviejo.co				
6. EMPLOYER IDENTIF	FICATION NL	JMBER (EIN):			Number (give area code		Fax Number (give area code)		
33-097-1162					(949) 425-2531 (949) 425-3899				
8. TYPE OF APPLICAT: X New		ion		7. TY	PE OF APPLICANT: (ee back o	f form for Application Types)		
X New Continuation Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)				Ç - Mu	C - Municipal				
Other (specify)				Other (Other (specify)				
				9. NAN	9. NAME OF FEDERAL AGENCY:				
10 CATALOG OF FEDER	AL DOMES	PIC ASSISTANIC	E NUMBER.		sh and Wildlife Service		A STORE DE LA PROPERTIE DE LA		
	CAL DOMES	TO ASSISTANCE	E NUMBER:		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Wood Canyon Emergent Wetland Project				
623				, , , , , , , , , , , , , , , , , , , ,					
TITLE (Name of Program)	•								
No. America Wetlands Co 12. AREAS AFFECTED			States etc):						
Orange County, California		(Citica, Comitics	, smies, etcj.						
13. PRÓPOSED PROJEC Start Date:	T	Ending Date:		14. CONGRESSIONAL DISTRICTS OF:					
	161	Ending Date:			a, Applicant b. Project 48				
15. ESTIMATED FUNDIN	NO:				LPPLICATION SUBJEC 12372 PROCESS?	CT TO RE	EVIÈW BY STATE EXECUTIVE		
	\$ 50,000			a. Yes X THIS PREAPPLICATION/APPLICATION WAS MADE					
	\$ 75,000 \$ 43,000			AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON					
	\$ 0			DATE: 11/16/04					
e. Other				b. No X PROGRAM IS NOT COVERED BY E, O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW					
f. Program Income \$				17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?					
g. TOTAL \$ 168,000 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THE				Yes If "Yes" attach an explanation. X No					
DOCUMENT HAS BEEN ATTACHED ASSURANC	DULY AUTH ES IF THE AS	ORIZED BY TH	IE GOVERNING BO	DY OF THE	E APPLICANT AND T	HE APPL	ICANT WILL COMPLY WITH THE		
a. Authorized Representative									
	Prefix First Name Mr. John				Middle Name				
Last Name	Last Name				Suffix				
Whitman b. Title				- Tolorius Nove (C					
Public Works Director/City Engineer			·	c. Telephone Number (give area code) (949) 425-2531					
d. Signature of Authorized Representative					e, Date Signed 11/16/04				
V									